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IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ALABAMA

FILED

2016 MAY 12 A 10:54

U.S. DISTRICT COURT  
N.D. OF ALABAMA

## NOTICE TO FILING PARTY

*It is your responsibility to  
notify the clerk in writing of any  
address change.*

*Failure to notify the clerk may  
result in dismissal of your case  
without further notice.*

Danny Raylee Hudson

Inmate Identification Number:

AIS# 212298

Booking# 932

(Enter above the full name of the plaintiff  
in this action)

vs.

Dr. Lyren - Nurse Mike - Adam Whitehead

CV-16-BE-0784-NE

Nurse Amber Lt. Black

Matt Gentry

(Enter above full name(s) of the defendant(s)  
in this action)

I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court(s) dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes ( ) No (X)

- B. If the answer to (A) is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuit(s) on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff:

Defendant(s):

NONE

2. Court (if Federal Court, name the district; if State Court, name the county) \_\_\_\_\_
3. Docket number \_\_\_\_\_
4. Name of judge to whom case was assigned NONE
5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
6. Approximate date of filing lawsuit NONE
7. Approximate date of disposition \_\_\_\_\_

II. Place of present confinement \_\_\_\_\_

- A. Is there a prisoner grievance procedure in this institution?

Yes (X) No ( )

- B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes (X) No ( )

- C. If your answer is YES:

1. What steps did you take? wrote Medical - and Grievance

2. What was the result? Take me to Sick call Two

Alone that's all They said I could deal with It

- D. If your answer is NO, explain why not: \_\_\_\_\_

## II. Parties.

In item (A) below, place your name in the first blank and place your present address in the second blank.

A. Name of Plaintiff(s) Danny Hudson  
present / Home  
 Address 1900 Beech Ave SE / 1713 Ray rd Sw  
Cullman AL 35055 / Hartselle, AL 35640

In item (B) below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item (C) for the names, positions, and places of employment of any additional defendants.

B. Defendant Dr. Lyne - Nurse Mike - Adam Whitehead  
 Is employed as Medical Staff  
 at Cullman County Detention Center

C. Additional Defendants Matt Gentry - Lt Black  
Nurse Amber

## IV. Statement of Claim

State here, as briefly as possible, the FACTS of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.

When I come in this jail I told them about  
all my problems. My back has 2 rods 4 screws  
Bone graft in my right hip spacer in my disc  
Surgery was 8 weeks prior to being locked up.  
I told them about what medication I was  
on they never gave me anything except

Neproxen for 2 weeks and then nothing else. I  
Been in so much pain I was supast to have a  
2 matt profile. I have Been fileing Grievances and  
Sick calls, they have just now gave me 2 matts they  
still not gave me nothing for pain relief and I have nerve  
RELIEF damage

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statues.

After submitting grievances and sick calls I  
would like them to pay me for compensatory  
damages for pain and suffering and mental and  
emotional distress.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 8 2016.

T. Hudson  
SIGNATURE

ADDRESS 1900 Beech ave SE / 1713 ray rd SW  
Cullman AL 35055 / Hartselle, AL 35640

AIS # \_\_\_\_\_